

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

1,007,800

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51		22				
2		1		1		1	52		22				
3		1		1		1	53						
4	1		1		1		54						
5		2		2		2	55						
6		2		2		2	56						
7		2		2		2	57						
8		2		2		2	58						
9		2		2		2	59						
10		2		2		2	60						
11		2		2		2	61						
12		2		2		2	62						
13		2		2		2	63						
14		2		2		2	64						
15		2		2		2	65						
16		2		2		2	66						
17		2		2		2	67						
18		2		2		2	68						
19		2		2		2	69						
20		2		2		2	70						
21		2		2		2	71						
22		2		2		2	72						
23		2		2		2	73						
24		2		2		2	74						
25		2		2		2	75						
26		2		2		2	76						
27	1		1		1		77						
28		1		1		1	78						
29		1		1		1	79						
30	1		1		1		80						
31		1		1		1	81						
32		1		1		1	82						
33		2		2		2	83						
34		2		2		2	84						
35		2		2		2	85						
36		2		2		2	86						
37		2		2		2	87						
38		2		2		2	88						
39		2		2		2	89						
40		2		2		2	90						
41		2		2		2	91						
42		2		2		2	92						
43		2		2		2	93						
44		1		1		1	94						
45		2		2		2	95						
46		2		2		2	96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4				TOTAL IND.	4					
TOTAL DEP.	77		77				TOTAL DEP.	89					
TOTAL CLAIMS	81		81				TOTAL CLAIMS	93					